Connecticut Horse Bill of Sale Form

State of Connecticut			
Bill of Sale Number:			
Date of Sale: (mm/dd/yyyy)			
Seller Information:	Buyer Information:		
Full Name:	Full Name:		
Street Address:	Street Address:		
City:	City:		
State:	State:		
ZIP:	ZIP:		
Phone Number:	Phone Number:		
Email Address:	Email Address:		
Horse Information: • Name:			
Breed:			
Color:			
Gender:			
Date of Birth:			
Registration Number (if applicable):			
 Microchip Number (if applicable): 	···		
Other Identifying Details:			

Transaction Details:		
Purchase Price: \$		
The undersigned seller states that the above horse described above hereby transfers to the purchaser the following horse, including all rights, title, and		
interest for the total amount stated above. The seller certifies that all information		
about the horse is accurate to the best of their knowledge.		
Payment Method: (check one)		
□ Cash		
□ Check		
☐ Money Order		
☐ Bank Transfer		
☐ PayPal		
☐ Other:		
Health Check:		
The seller agrees to have the horse examined by a licensed veterinarian of the		
buyer's choice within days of this agreement. If the horse fails the health		
check, the sale can be canceled and any deposits returned to the buyer.		
Deposit:		
A deposit of \$ has been received by the seller and will be applied		
towards the purchase price. The balance of \$ is due upon delivery of		
the horse.		
As-Is Condition:		
The horse is sold "as-is" without any warranties, express or implied, including		
but not limited to warranties of health, behavior, or fitness for a particular		

purpo	ose. The buyer acknowledges that they l	nave inspect	ed the horse and accept
it in it	ts current state.		
Decla	ration:		
The u	indersigned seller certifies that the hors	e described	above is sold as is, with
no wa	arranties expressed or implied. The buy	er agrees to	pay any applicable taxes
	ed to the purchase. This Bill of Sale is go		
Conn	ecticut and any disputes will be resolve	d in the cour	ts of Connecticut.
Signa	atures:		
Seller	r's Signature:	Date:	
Seller	r's Printed Name:		
Dense	ula Ciamatuma.	Data	
Buye	r's Signature:	Date:	
Buye	r's Printed Name:		
Witne	ess Information (if applicable):		
Witne	ess 1:		
•	Full Name:		
•	Signature:		
•	Date:		
Witne	ess 2:		
•	Full Name:		
•	Signature:		
•	Date:		

Notary Acknowledgment (if applicable):

State of Connecticut

County of	
On this, 20,	before me,
(Notary's name), personally appeared	(Seller's
name) and	(Buyer's name), known to me or proved
to me on the basis of satisfactory evid	ence to be the persons whose names are
subscribed to this instrument, and ack	nowledged that they executed the same.
Notary Public:	
My Commission Expires:	